

Safety Town

2006 Student Registration Instructions



Greensboro, North Carolina

- Select a session from the chart at the bottom of the page and indicate your choice by checking the appropriate box on the registration form. Mark the same session on this sheet to keep as a reminder of the session you applied for, and the contact information.
- Complete **all** of the information asked for on the application—remembering to **fill in and sign the waiver on the back of the form**
- Mail your application to the address below, or hand deliver it to:

Corporal R.S. McDonald/Safety Town
Greensboro Police Department/Southern Operations
2602 S. Elm Eugene Street
Greensboro, NC 27406

- **You will be notified** about the acceptance of your application. If you have not received notification at least one week before the start date you chose, please contact Corporal R.S. McDonald at 373-2070 or via email at safetytown@greensboro-nc.gov.
- We cannot guarantee your child will be placed in the same “group” as his or her friends in a session. Get together with your child’s friends parents and sign in together on the first day to improve the chances of being placed together. We discourage groups of 4 or 5 being placed together due to the fact that they tend to want to play more than they wish to learn.
- Safety Town is offered **free of charge**. There are 110 student “scholarships” in each session—they are filled on an application-received basis. If the session you select is full when your application is received, you will be contacted and given the opportunity to select another session *if* there are openings.



<input type="checkbox"/> Session 1	June 19 - June 30	9:00am - 11:00am
<input type="checkbox"/> Session 2	June 19 - June 30	1:00pm - 3:00pm
<input type="checkbox"/> Session 3	July 17 - July 28	9:00am - 11:00am
<input type="checkbox"/> Session 4	July 17 - July 28	1:00pm - 3:00pm
<input type="checkbox"/> Session 5	August 7 - August 18	9:00am - 11:00am
<input type="checkbox"/> Session 6	August 7 - August 18	1:00pm - 3:00pm

Safety Town

2006 Student Registration Form



PLEASE PRINT INFORMATION IN BLACK INK - ANSWER ALL QUESTIONS

Child's First Name: _____ Middle Initial: _____ Last Name: _____

Please check the appropriate box: ☐ Male ☐ Female Date of birth: ____-____-____ Age: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

School: _____

Parent's First Name: _____ Middle Initial: _____ Last Name: _____

Home Telephone: _____ Work Telephone: _____ Pager/Mobile: _____

Email address: _____

How do you wish to have your application confirmed? Above email ☐ OR Phone: _____

Emergency Contact Person: _____ Relation: _____

Home Telephone: _____ Work Telephone: _____ Pager/Mobile: _____

Has your child attended Safety Town before? ☐ Yes ☐ No Other children? ☐ Yes ☐ No

Does the child have ANY medical or physical situation the we should be made aware of?

☐ Yes ☐ No If yes, explain: _____

Does the child take prescription medication? ☐ Yes ☐ No If yes, what? _____

Is the child a diabetic? ☐ Yes ☐ No Insulin dependent? ☐ Yes ☐ No

Does the child suffer from allergies? ☐ Yes ☐ No If yes, please explain: _____

Listed below are the session dates and times—please check the box beside the session number you wish to attend.



<input type="checkbox"/> Session 1	June 19 - June 30	9:00am - 11:00am
<input type="checkbox"/> Session 2	June 19 - June 30	1:00pm - 3:00pm
<input type="checkbox"/> Session 3	July 17 - July 28	9:00am - 11:00am
<input type="checkbox"/> Session 4	July 17 - July 28	1:00pm - 3:00pm
<input type="checkbox"/> Session 5	August 7 - August 18	9:00am - 11:00am
<input type="checkbox"/> Session 6	August 7 - August 18	1:00pm - 3:00pm

How did you hear about Safety Town? _____

Before a child may participate, **ALL** paperwork (including waivers) must be completed in full, signed, and returned to the Greensboro Police Department. There are **NO EXCEPTIONS** to this rule. A parent/guardian **MUST STAY THE ENTIRE TIME THE FIRST DAY**—important information will be covered, and the session *on the first day* may not last the entire two hour period. A student **MUST** be five or six years old between June 19, 2006 and August 18, 2006 to participate. We **DO NOT** alter this rule for any reason—please respect it. The parent/guardian should be contacted at least one week before the child's start date to confirm acceptance. If you have not been contacted by then, please contact Corporal R.S. McDonald at 373-2070 or via email at safetytown@greensboro-nc.gov. **ALL APPLICATIONS SHOULD BE MAILED OR HAND-DELIVERED TO:** Corporal R.S. McDonald/Safety Town, Greensboro Police/Southern Operations, 2602 South Elm-Eugene Street, Greensboro, NC 27406.

BE CERTAIN TO COMPLETE THE BACK PORTION OF THIS REGISTRATION FORM

Safety Town

Waiver and Release



PLEASE PRINT INFORMATION IN BLACK INK

I/We, _____, parents/guardians of _____, for myself/ourselves and on behalf of said minor child and his/her heirs, executors, administrators or assigns, hereby covenant and agree as follows:

To waive for all parties noted above all claims, demands, actions or causes of action, against the City of Greensboro, its officers, agents and employees, of whatever kind or nature which may arise in any manner by such reason of injury to person or property or both while such child is participating in the Safety Town/Bicycle Program.

To never instigate any suit or action against the City of Greensboro, its officers, agents or employees for damages, loss or injury of any kind for or on account of injury to said minor child's person or property or both which may arise in any manner while he/she is participating in this program.

Photographs, films, and recordings are sometimes made of the participants of Safety Town for class pictures, news releases, and other documentary purposes. I hereby authorize the use of my child's picture to be used in any non-commercial manner by any radio, television, newspaper, City of Greensboro, Greensboro Jaycees, or other officers, agents and employees of the Safety Town Program.

This agreement, waiver and release holds harmless the City of Greensboro, its officers, agents and employees for any injury including but not limited to claims for wrongful death, arising in any manner to said minor child while such child is participating in this program.

I/We have read the foregoing waiver and covenant and understand that it constitutes a formal legal document.

By my/our signature(s), I/we give consent for the above listed minor child to participate in the Safety Town/Bicycle Safety Program for the year of 2006.

Signature of Parent/Guardian: _____ Date: _____